PATENT ATTORNEY DOCKET NO. 2000P07463 US 03

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:	Beyda, et al.	) CERTIFICATE OF FACSIMILE TRANSMISSION
Serial No.: Filed: Title:	09/504,631 February 15, 2000 SYSTEM AND METHOD FOR IMPROVING MODEM	The undersigned hereby certifies that this document is being facsimile transmitted to the fax number and date given below.
	TRANSMISSION THROUGH PRIVATE BRANCH EXCHANGES, CENTRAL OFFICES, AND TELEPHONY OVER LAN SYSTEMS	) Facsimile Number: _571-273-8300 ) No. of Pages: _RCE (2) + Ext (1) + Amd (8) =
Group Art U	nit: 2662	) Jeanette L Taplin
Examiner: 1		)

## REQUEST FOR CONTINUED EXAMINATION (RCE)

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Applicant hereby requests continued examination, in accordance with 37 C.F.R. §1.114, 1. for the above identified application.

## TIME REQUEST IS BEING MADE

		·				
2.	This	request is being submitted:				
	[x]	Prior to abandonment of th	ne application.			
i. ii.	[]	With payment of the issue fe	e			
•••	Ϊí	Prior to payment of issue fee	,			
	ii	Issue fee has been paid but	a petition under §1.3	113 has been	granted	
iii.	ii	Prior to a decision on appeal Interferences	to the Board of Pate	ent Appeals &	<b>š</b> .	
įV.	[]	A notice is being separately that this Request for Conf	sent to the Board of inued Examination is	Patent Appe being filed.	als & Interferences	
			ENCLOSURES	10/27/2005 CI	NGUYEN 00000049 192179	09504631
3.	En	closed herewith is/are:	!	01 FC:1801	790.00 DA	
	[X]	A Petition for Extension Please enter the Amenda Please enter the enclos	nent filed			

Serial No.: 09/504,631 Attorney Docket No.: 2000P07463US03

An Information Disclosure Statement (37 C.F.R. §1.98) with PTO-1449 and \_\_ references.
 New arguments
 New evidence in support of patentability
 Other:

## FEE FOR REQUEST (37 C.F.R. §1.17(e))

 [x] Filing fee has been calculated as shown below after entering the previous amendment (other than small entity):

For	Claims Remaining After Amendment	Highest Number Previously Paid For	Prese Extra	1	Additional Fees
Total Claims	11	-20	=0	x \$ 50	\$ 0.00
Indep. Claim	5	-5	=0	x \$200	\$ 0.00
	Presentation of a Multin	le Dependent Claim		+ \$300	\$ 0.00
		Basic Filing Fee			\$ 790.00
				Total	\$ 790.00

5. [x] Please charge Deposit Account No. <u>19-2179</u> in the amount of **\$790.00**. The Commissioner is hereby authorized to charge any fees that may be required, or credit any overpayment to Deposit Account No. <u>19-2179</u> pursuant to 37 C.F.R. §1.25. A duplicate copy of this sheet is enclosed.

Date: 260 of 05

Respectfully submitted,

SIEMENS CORPORATION

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